

DATE _____

Paper No.: _____

TO SPE OF : ART UNIT 2/32

SUBJECT : Request for Certificate of Correction on Patent No.: 7170997

Please complete this form and return with file, within 7 days to:

Palm location 7580, Certificates of Correction Branch – South Tower – 9A22

With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Valerie Jackson

Thank You For Your Assistance

Certificates of Correction Branch
Tel. No. 703-308-9390 ext. 114

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

~~Approved~~

All changes apply.

☐ **Approved in Part**

Specify below which changes do not apply.

☐ Denied

State the reasons for denial below.

Comments:

GILBERTO BARRON JR
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 2100

2132

SPF

Art Unit: